RFIC

Request for Issuance of Check (RFIC) Form

BERKELEY LAB

1. Submit to Accounts Payable, Non-PO Desk, Mailstop 90J
2. Include original itemized receipts
3. Vendor must have Form W-9 (U.S. vendors) or Form W-8 BEN (Foreign vendors) on file with LBNL prior to payment

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Payee Information

Payee: _____ Date: _____

Business Address or Mailstop: _____

Mailing Address if Different from Above: _____

Employee ID: _____ Trip Number (if applicable): _____

Payment Explanation/Business Purpose/Remittance Advice Information

Project ID	Resource Category	Invoice Date	Invoice No.	Total Amount ($)
			TOTAL ACTUAL COST:	

Event/Meal Costs

EVENT ID (from Event Approval Database): _____

ORIGINAL approved estimate TOTAL: $ _____

Provide a brief explanation if TOTAL *ACTUAL* COSTS exceeded the approved estimate: _____

_____

_____

FOOD AND BEVERAGE COSTS FOR ONSITE EVENTS:

Was the TOTAL ACTUAL COST per person/per meal within the allowable per diem limit? ☐ Yes ☐ No

Local Per Diem Rates	Location	Refreshments (a.m. or p.m.)	Lunch	Dinner
	Oakland/Berkeley	$14.75	$20.00	$41.00
	Walnut Creek	$14.75	$20.00	$46.00

Preparer Information and Signatures

Prepared by: _____ Preparer's Phone No.: _____

I certify these expenses are allowable and incurred for the official business of Berkeley Lab in accordance with policy. The expenses claimed are not reimbursed by others.

I certify these expenses are allowable and represent official Berkeley Lab business to be charged to the projects listed.

_____
Payee's signature *(Not required for vendors)*

_____
Approver's signature *(Payee cannot be the Approver)*

Date: _____

Date: _____

_____
OCFO approver

_____
Print name of approver *(Authorized in the SAS)*

Rev: 10/12/2010